

CERTIFIED COPY OF DEATH CERTIFICATE

15-4-64

WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

REG. DIST. NO.

CERTIFICATE OF DEATH

STATE

FILE NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

a. COUNTY **King**

ORIGINAL

2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

a. STATE **Washington** b. COUNTY **King**

b. CITY, TOWN, OR LOCATION

Enumclaw

c. LENGTH OF STAY IN ID

c. CITY, TOWN, OR LOCATION

Enumclaw

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Bethesda Manor N.H.

d. STREET ADDRESS

1120 Cole St.

e. IS PLACE OF DEATH INSIDE CITY LIMITS?

Yes ☒ No ☐

e. IS RESIDENCE INSIDE CITY LIMITS?

Yes ☒ No ☐

f. IS RESIDENCE ON A FARM?

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First **Sarah** Middle **Elizabeth** Last **Erwin**

4. DATE OF DEATH

May 13, 1964

5. SEX

6. COLOR OR RACE

F. White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/6/1886

9. AGE (In years last birthday)

77

If Under 1 Year

Months Days

If Under 24 Hrs.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk Owner

10b. KIND OF BUSINESS OR INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Deer Creek, Minn

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Leslie Close

14. MOTHER'S MAIDEN NAME

Adella Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Jim Erwin Rt. 1 Box 16 Enumclaw, Wn.

18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

24 hours

Conditions, if any, which give rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis

DUE TO (c)

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE

CONDITION GIVEN IN PART I (a)

Carcinoma of P. Breast Metastases

19. WAS AUTOPSY PERFORMED?

Yes ☐ No ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY

Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED

While at work ☐ Not while at work ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY STATE

21. I attended the deceased from **May 12, 1964** to **May 13, 1964**

Death occurred at **2:45 A. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

Enumclaw, Washington

22c. DATE SIGNED

5-14-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/16/64

23c. NAME OF CEMETERY OR CREMATORY

Enumclaw Cemetery

23d. LOCATION (City, town, or county)

Enumclaw, Washington

24. FUNERAL DIRECTOR

Thos. C. Hansen

ADDRESS

Enumclaw, Wn.

25. DATE REC'D BY LOCAL REG.

5-15-64

26. REGISTRAR'S SIGNATURE

Katherine A. Laven

MEDICAL CERTIFICATION